Solicitor/Commercial Canvasser Registration - City of Maple Grove

Police Department – Licensing PO Box 1180 Maple Grove, MN 55311



Office: (763) 494-6100 - Fax: (763) 494-6431

REQUIREMENTS

- Supply proof of non-profit status from the state where organized.
- Provide a list of all people who will be working in Maple Grove. Provide the following for each individual:
 - a. First, middle, and last name (FULL NAMES, not initials)
 - b. Date of birth
 - c. Attach a copy of Drivers license or government issued ID for all parties soliciting.
- List the three most recent locations where the organization has conducted business as a peddler or solicitor.

INFORMATION – Please print or type.			
Name of organization:		_ Phone: ()	
Address:	City/State: _		Zip:
Contact person:		Phone: ()	
State the purpose of the solicitation:			
Will there be a commission, fee, wage, or emolument t	o be expended in o	connection with such	solicitation?
If yes, state amount and describe:			
Date(s) of solicitation: D	ay(s) of week & ho	ours of solicitation: _	
Name, title, and phone numbers of who will supervise	the solicitors:		
1.)			
2.)			
3.)			
List the three most recent locations that you currently	or have previously	had licenses, permi	ts or registration to solicit:
1.)			
2.)			
3.)			
I swear that all the information contained on this form to be true. I authorize or the omission of facts called for shall be just cause of the denial of the reque		nents on this application. I u	inderstand that the misrepresentation
Signature			Date

Names of individuals registering with the organization.

	Name: (first, middle, last)	Date of birth
1		
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19		
20		

Attach photo copies of Drivers license or Government issued ID's for all individuals going door to door.